

STD/HIV Partner Counseling and Referral Services

Robert Ray Senior Consultant Centers for Disease Control (CDC) rayrm@dhec.sc.gov (803) 898-0573	
Vickie Boazman-Holmes DIS Consultant boazmavm@dhec.sc.gov (803) 898-0772	Bernard Gilliard DIS Consultant gilliab@dhec.sc.gov (803) 898-0452
Constance Perkins Nurse Consultant perkince@shc.sc.gov (803) 898-8028	Delois Daniels Integrated Preventive Health Service danielsd@dhec.sc.gov (803) 898-0273

In a comprehensive STD/HIV prevention program, partner counseling and referral to appropriate services is essential for ensuring that sex and needle-sharing partners of STD/HIV-infected persons are notified about their risk and offered STD/HIV prevention counseling, testing, and referrals. *For reference, when we discuss PCRS in relation to STDs, we are primarily talking about those infected with syphilis.*

PCR services are offered through the regional health offices and their [local health departments](#). Monitoring, quality assurance, and evaluation of efforts are conducted at the state level through the Disease Intervention Specialist (DIS), nurse, and social work consultants.

Partner counseling and referral is a primary prevention service with the following objectives:

1. **Client Referral** In client-referral, the STD/HIV-infected person notifies his or her sex or needle-sharing partners of their exposure to STDs or HIV. Program staff will provide the infected client with counseling and support on techniques to confidentially notify and refer their sex or needle-sharing partners to client-centered STD/HIV prevention counseling services. **Provider Referral** In provider referral, a health professional who has been specially trained to provide the service notifies the STD/HIV-infected individual's sex or needle-sharing partners of their possible exposure to HIV. In situations where the STD/HIV-infected person participates in provider referral, program staff will offer assistance in confidentially notifying those partners and offering them counseling, medical evaluation, and referral services.

2. Spousal Notification The Ryan White CARE Reauthorization Act of 1996, Public Law 104-146, Section 8 (a), requires that States take administrative or legislative action to ensure a good faith effort be made to notify a spouse of a known STD/HIV-infected patient that such a spouse may have been exposed to the human immunodeficiency virus and should seek testing. The statute defines a spouse as any individual who is the marriage partner, as defined by state law, of an HIV-infected person, or who has been the marriage partner of that person at any time within the 10-year period prior to the diagnosis of HIV infection.

All HIV Prevention Cooperative Agreement recipients must comply with these requirements. Currently, all states and territories have certified to CDC that they will require a good faith effort as required by law.

The PCRS program should be evaluated periodically. Information obtained from partners is not only critical to the prevention of disease transmission, but also for providing insights critical to the planning, refining, and targeting of other program intervention strategies. The program should be evaluated to do the following:

- help identify barriers and gaps in service delivery, as well as define the STD/HIV-infected population, so that services can be better directed towards target populations; analyze and refine resource allocation; provide population-specific feedback to health departments, community-based organization staff, community planning groups, and other community prevention partners; and
- identify technical assistance needs, including training.

All individual data will be maintained at the state and local jurisdiction to assist in developing and monitoring local services. Any jurisdiction must adhere to strict protection and confidentiality of client and partner records.